

CONSERVATION AGENT TRAINEE APPLICATION

MISSOURI DEPARTMENT OF CONSERVATION

Human Resources Division

2901 W. Truman Blvd. P.O. Box 180

Jefferson City, Missouri 65102

Office (573) 751-4115 Fax (573) 522-1787

Missouri Relay for Hearing Impaired 1-(800) 735-2966 (TDD)

<http://www.mdc.mo.gov/about/jobs/>

Please Print

Date _____

Social Security Number- For identification purposes only

NAME Mr. _____
Ms. _____
Mrs. _____
Last First Middle

List other names you have been known by and dates used _____

ADDRESS _____
Street, HCR, Route Number City State Zip Dates at this address? _____

PREVIOUS ADDRESS _____
Street, HCR, Route Number City State Zip Dates at this address? _____

PREVIOUS ADDRESS _____
Street, HCR, Route Number City State Zip Dates at this address? _____

Home Phone (_____) _____ Work Phone (_____) _____

Are you a U.S. citizen? Yes ☐ No ☐ If no, do you have a work permit? Yes ☐ No ☐

Have you been *convicted* of a crime, excluding misdemeanors or traffic offenses? Yes ☐ No ☐
If yes, attach a complete description.

Are you willing to accept employment anywhere in Missouri? Yes ☐ No ☐

Will you agree to transfer location and/or job when requested? Yes ☐ No ☐

Have you been discharged or involuntarily resigned from any position? Yes ☐ No ☐
If yes, please give details on an extra sheet of paper.

Can you perform the essential functions of the position for which you have applied, with or without reasonable accommodation? Yes ☐ No ☐

Volunteer Experience

If you have completed volunteer hours, please include a description of your experience on another sheet of paper. Include the group or organization, volunteer duties, length of time as a volunteer, supervisor or contact person, and the total number of hours volunteered.

EQUAL OPPORTUNITY EMPLOYER

DATES OF EMPLOYMENT (Begin with most recent)	EMPLOYER'S NAME AND ADDRESS	POSITION HELD AND SUPERVISOR	SALARY
Date Employed _____ Date Separated _____ Months _____ Months _____ Full Time _____ Part Time _____	Employer _____ Street _____ Address _____ City, State _____ and Zip Code _____	Position Held _____ Supervisor _____ Phone _____ Number _____	Starting _____ Ending _____
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May we contact your present employer? Yes ☐ No ☐ Note: We may contact previous employers.

Driver's

License number _____ State _____ Class _____ Exp. Date _____

Do you have any relatives employed by the Missouri Department of Conservation? Please list them.

Name _____ Relationship _____

Name _____ Relationship _____

REFERENCES – DO NOT LIST RELATIVES

Name	Address	Occupation	Phone No.

Describe why you are interested in this position. Attach additional sheet if needed. _____

List other qualifications you possess which you want considered _____

PROBATIONARY PERIOD: Conservation Agent Trainees serve a six-month probationary period from the commencement of training. During this time they have to demonstrate their ability to effectively perform their duties. If, during the probationary period, performance is not deemed to be satisfactory, or if the Performance Appraisal at the conclusion of the probationary period is unsatisfactory, employment may be terminated or the probationary period may be extended. Employment is secured only on the basis of qualifications for a given position. Employees are retained only on the basis of satisfactory performance of duties. Advancement is based on demonstrated ability and merit.

APPLICATION CERTIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION: I hereby certify that all the information made on or in connection with this application is true and complete to the best of my knowledge and I have not knowingly withheld any fact or circumstance. I understand that if any of the statements made by me on this application are false or if a contact with my former employers reveal that I would make an unsatisfactory employee, this will be sufficient grounds for rejection of my application or removal from employment. I hereby authorize my previous employer or any educational institutions I have attended to release to the Missouri Department of Conservation any information they may have regarding my character, academic record or employment history, whether on record or not. I also authorize any law enforcement agency, or the Department of Revenue or other motor vehicle regulatory agency to allow any representative of the Missouri Department of Conservation to examine, copy or receive any records pertaining to me regarding convictions or driving record. By authorizing the above, I agree to hold harmless any individual, partnership, corporation, educational institution or agency, its officers, agents and employees from any liability for any damage whatsoever for issuing such information.

CONDITIONS OF EMPLOYMENT: I hereby understand that prospective salaried employees need not be residents of Missouri at the time of interview; however, they must become residents on or after employment within a reasonable period that is approved by the appropriate Division/Section Administrator.

I agree to accept compensatory time off in lieu of cash overtime payment for overtime hours worked in accordance with the Department's Compensatory Time Off and Paid Overtime policy.

SELECTIVE SERVICE REGISTRATION CERTIFICATION: The U. S. Military Selective Service Act, U.S.C. App. 451, et seq., requires males aged 18 through 26 to register with the Selective Service Administration. I certify that if I am subject to the Act, I am registered with the Selective Service Administration.

Signature _____

Date _____

The Department of Conservation will hire only United States citizens and aliens authorized to work in the United States. All new employees will be required to complete an Employment Eligibility Verification form and produce requested documentation at the time of employment. The Department is an Equal Opportunity Employer.

Revised 8/04

EQUAL EMPLOYMENT DATA

Qualified applicants are considered for employment and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital status, medical condition, or disability. The Department of Conservation will hire only United States citizens and aliens authorized to work in the United States. All new employees will be required to complete an "Employment Eligibility Verification" (Form I-9) and produce requested documentation at the time of employment.

The Department of Conservation is required to report specific information regarding our applicant pool for Affirmative Action and Equal Employment Opportunities records. To help us comply, please answer the questions below.

The completion of the following information is *voluntary* and will be kept in a *confidential file* separate from the Application for Employment. Please print all information.

Date _____

Name _____ Phone No. _____
(Last) (First) (Middle)

Address _____
(Number & Street) (City) (State) (Zip)

Birthdate _____ Age _____ Sex _____
(Month) (Day) (Year)

Race/Ethnic Group: ☐ White ☐ Black ☐ Hispanic

☐ Asian/Pacific Islander ☐ American Indian/Native Alaskan

Are you a Vietnam Era Veteran? Yes ☐ No ☐

Can you perform the essential functions of the position(s) for which
you have applied with or without reasonable accommodation? Yes ☐ No ☐

Remarks _____

This form will be placed in a separate confidential file if mailed with your application or you may mail it directly to:

Affirmative Action Officer
Missouri Department of Conservation
P.O. Box 180
Jefferson City, MO 65102